

### TOWN OF DISCOVERY BAY COMMUNITY SERVICES DISTRICT

# FACILITY RENTAL & USE PERMIT APPLICATION

#### **REQUESTED LOCATION**

## **COMMUNITY CENTER**

| ☐ Art Room, Maximum Occupancy 35  | ☐ Swimming Pool   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| ☐ Multi-Purpose Room, Maximum Occupancy 35  | $\square$ Outdoor Only including use of the Pool  |  |  |  |  |  |
| <ul> <li>□ Entire Community Center (Indoors Only)</li> <li>□ Entire Community Center (Indoors/Outdoors)         Including the use of the Pool</li> <li>□ Entire Facility (Indoors/Outdoors)         Without use of the Pool</li> <li>□ Tennis Courts Number of Courts: Court No.</li> </ul> | ☐ Event Lawn Area ☐ BBQ Area ☐ Entire Area ☐ Large Area Only ☐ Individual Table ☐ Use of TODB Equipment (501c3 Only. Upon approval. Fees may apply) |  |  |  |  |  |
| CONTACT INFORMATION   |   |  |  |  |  |  |
| Name/ Organization:   |   |  |  |  |  |  |
| Address:  | E-mail:   |  |  |  |  |  |
| fain Contact: Phone Number:   |   |  |  |  |  |  |
|   | Phone Number:   |  |  |  |  |  |
| EVENT INFORMATION   |   |  |  |  |  |  |
| Date Submitted:   | Event Date:   |  |  |  |  |  |
| Event Type:   | timated Attendance:   |  |  |  |  |  |
| Set up Times: to Actual Event Times:  | to Take down/Clean-up: to   |  |  |  |  |  |
| Will food be served? ☐ Yes ☐ No Will there be decorations? ☐ Yes ☐ No Will alcohol be served? ☐ Yes ☐ No Will alcohol be sold? ☐ Yes ☐ No Will the event be open to the public? ☐ Yes ☐ No  | If yes, by whom? If yes, describe:  |  |  |  |  |  |
| an admission fee be charged?  |   |  |  |  |  |  |

Revised 12/2018

# \*\*ALCOHOL IS NOT ALLOWED WITHOUT ALCOHOL PERMIT APPLICATION APPROVED BY THE GENERAL MANAGER \*\* \*\*PLEASE NOTE THAT WE ARE NOT A BANQUET FACILITY AND DO NOT HAVE A KITCHEN\*\*

#### FEE(S) / DEPOSIT(S) / CANCELLATIONS

The rental fee and deposit are due the day you make your reservation. The rental fee may be paid by Visa, Mastercard, check or money order. The deposit is required to be paid separately from the rental fee by check or money order made payable to the "Town of Discovery Bay CSD."

Cancellation for indoor Facility Rentals at the Community Center occurring sixty (60) days or more prior to the event will be refunded all fees and deposits. Cancellations less than sixty (60) days, but more than thirty (30) days prior to the event date will forfeit 25% of the total fees. Cancellations less than thirty (30) days prior to the event date, but more than fifteen (15) days prior to the event date will forfeit 50% of the total fees. Cancellations occurring less than fifteen (15) days prior to the event date will forfeit all applicable fees. In all cases of cancellation, the deposit shall be returned.

There is a CANCELLATION PROCESSING FEE on ALL cancelled reservations. The processing fee is equal to 50% of your Rental Fee, or \$35; whichever is less.

Applicant Signature: Date:

|   | WAIVER, RELEASE & INDE   | MNITY AGREEN   | <b>MENT</b>   |  |  |
|---|--|--|---|--|--|
| Waiver, Release and Indemnity Agreement: The Organization/Group and that he/she or the Organization/Group and that he/she or the Organization/Group and accept personal respondered by myself or my Organization/Group the use of said Facility, and costs and/or attorneys the Facility. I agree to abide by, inform my Organiz Facility. I understand and agree that failure to abide of use of the Facility and/or privileges for future that and volunteers, harmless from any damage, liability this Waiver, Release and Indemnity Agreement is be | nization/Group will be bound to the te-<br>ponsibility for damage sustained and/o<br>up. I, or my Organization/Group, agree<br>'fees, if any, incurred in collection. I ha<br>zation/Group, and enforce the rules, reg<br>e by the rules, regulations and policies of<br>use. I also agree to hold the Town of D<br>y, cost or legal expense that may arise du | rms of the Agreem<br>r cost incurred by<br>to fully reimburse<br>we received, read argulations and policion<br>of the Town of Dis<br>iscovery Bay CSD. | ent by such signatur<br>the Town of Discoverage<br>the Town of Discoverage<br>and fully understand of<br>the Town of Discovery Bay CSD shows, it officers, employed | re. I hereby understand this application is to<br>very Bay CSD because of the occupancy of<br>very Bay CSD for any damage arising from<br>the rules, regulations and policies for use of<br>Discovery Bay CSD governing the use of the<br>hall result in the immediate loss of privileges<br>sees, the individual members thereof, agents, |  |
| Applicant Signature:  | <u>D</u>   | <mark>ate:</mark>  |   |  |  |
|   | For Accounting Us  | se Only  |   |  |  |
| Rental Rate: D  | Deposit Amount:  |  | Deposit Ck #_   |  |  |
| Number of Hours: D  | oate Rental Fee Paid:  | [  | □ Ck #  | □ Cash □ Credit Card   |  |
| Total: In   | nsurance Required?   |  |   |  |  |
| Staff Signature:  |  | Date:  |   |  |  |
| Fee Waiver Approval by Town General Manager:  |  |  | Date:   |  |  |
| Note any Pre-existing damage to the   | he area:   |  |   |  |  |
|   | POST EVENT INS   | PECTION  |   |  |  |
| Note any damage or cleaning needed Deposit Amount:  Cost on Damages:  Staff Signature:  | _<br>_   | Deposit Retu   | ing:<br>rned:   |  |  |
| Renter Signature:   |  |  |   |  |  |

Revised 12/2018